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## DOT SUPERVISOR TRAINING LOG SHEET

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### DEPARTMENT OF TRANSPORTATION (DOT) SUPERVISOR TRAINING LOG SHEET

**Directions:** At the end of the training session, complete this Log Sheet to verify your attendance. Please make sure the form is accurate and complete. Send this Log Sheet to the Training Coordinator for your office.

**Date of Training:** \_\_\_\_\_

**Training Time:** \_\_\_\_\_ 120 minutes \_\_\_\_\_

**Employee's Name (print):** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_

**Routing Symbol:** \_\_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_ DOT Drug and Awareness Training \_\_\_\_\_

**Course No.:** \_\_\_\_\_ 00554 \_\_\_\_\_